



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 7, 2014

Reporting Month 1st Qtr (Jan, Feb, Mar)

Carrier Information	
Company Name	T.V. Service, Inc.
Company Address	P.O. B0x 1410 Hindman, Ky. 41822
Telephone / Fax	(606) 785-2219 (P) (606) 785-9224(F)
Vendor Number	

Classification				
Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	406
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$32.48
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <u>Selena Napier</u> (Printed)	Title <u>Accountant</u>	Company Official <u>[Signature]</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet
ATTN: KY USF
702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 2, 2014

Reporting Month 2nd Qtr (Apr, May, June)

Carrier Information	
Company Name	T.V. Service, Inc.
Company Address	P.O. Box 1410 Hindman, Ky. 41822
Telephone / Fax	(P) 606-785-3450 (F) 606-785-3110
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	395
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$31.60
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official Selena Napier (Printed)	Title Accountant	Company Official <i>Selena Napier</i> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 15, 2014

Reporting Month 3rd Qtr (July, Aug, Sept)

Carrier Information	
Company Name	T.V. Service, Inc.
Company Address	P.O. Box 1410 Hindman, Ky. 41822
Telephone / Fax	(606) 785-3450 (P) (606) 785-3110 (F)
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	377
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$30.16
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Selena Napier</u> (Printed)	Title <u>Accountant</u> Company Official _____ (Signed)

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P.O. Box 615
Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date January 27, 2015

Reporting Month Oct, Nov, Dec (4th Qtr)

Carrier Information	
Company Name	<u>T.V. Service, Inc.</u>
Company Address	<u>P.O. Box 1410 Hindman, Ky. 41822</u>
Telephone / Fax	<u>606-785-2219 (P) 606-785-9224 (F)</u>
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>353</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$28.24</u>
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Selena Napier</u>	Title	<u>Accountant</u>
	(Printed)		
Company Official	<u>Selena Napier</u>		
	(Signed)		

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 9, 2015

Reporting Month 1st Qtr 2015 (Jan, Feb, Mar)

Carrier Information	
Company Name	T.V. Service, Inc.
Company Address	P.O. Box 1410 Hindman, Ky. 41822
Telephone / Fax	(606) 785-3450 (P) (606) 785-9224 (F)
Vendor Number	

Classification				
Please Circle One	ILEC	<input checked="" type="checkbox"/> CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	405
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$32.40
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>John Naper</u> (Printed)	Title <u>Accountant</u> Company Official <u>[Signature]</u> (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 14, 2015

Reporting Month 2nd Qtr (Apr, May, June)

Carrier Information	
Company Name	T.V. Service, Inc.
Company Address	P.O. Box 1410 Hindman, Ky. 41822
Telephone Fax	606-785-2219 (P) 606-785-9224 (F)
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	434
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$34.72
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <u>Selena Napier</u> (Printed)	Title <u>Accountant</u>	Company Official <u><i>Selena Napier</i></u> (Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 27, 2015

Reporting Month 3rd Qtr (July, Aug, Sept)

Carrier Information	
Company Name	<u>T.V. Service, Inc.</u>
Company Address	<u>P.O. Box 1410 Hindman, Ky. 41822</u>
Telephone / Fax	<u>606-785-2219 (P) 606-785-9224 (F)</u>
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>434</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$34.72</u>
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <u>Selena Napier</u> (Printed)	Title <u>Accountant</u>	Company Official <u>Selena Napier</u> (Signed)

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date January 25, 2016

Reporting Month Oct-Dec 2015 (4th Qtr)

Carrier Information	
Company Name	<u>T.V. Service, Inc.</u>
Company Address	<u>P.O. Box 1410 Hindman, Ky. 41822</u>
Telephone / Fax	<u>606-785-3450 (P) 606-785-9224 (F)</u>
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>445</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$35.60</u>
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <u>Selena Napier</u> (Printed)	Title <u>Accountant</u>	Company Official <u>Selena Napier</u> (Signed)

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date April 12, 2016

Reporting Month 1st Qtr (Jan, Feb, Mar)

Carrier Information	
Company Name	<u>T.V. Service, Inc.</u>
Company Address	<u>P.O. Box 1410 Hindman, Ky. 41822</u>
Telephone / Fax	<u>606-785-2219 (P) 606-785-9224 (F)</u>
Vendor Number	

Classification Please Circle One	ILEC	<input checked="" type="radio"/> CLEC	Cellular	PCS
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	Monthly Access	Line Data
1.	Total Access Lines in Service.....	<u>421</u>
2.	Surcharge Per Access Line.....	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF.....	<u>\$33.68</u>
4.	Number of Access Lines Receiving Lifeline Support.....	
5.	Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official	Selena Napier (Printed)	Title Accountant
		Company Official <u>Selena Napier</u> (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 14, 2016

Reporting Month April 2016

Carrier Information	
Company Name	T.V. Service, Inc.
Company Address	P.O. Box 1410 Hindman, Ky. 41822
Telephone / Fax	(606) 785-2219 (P) (606) 785-9224 (F)
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>135</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$11.28</u>
4. Number of Access Lines Receiving Lifeline Support.....	_____
5. Amount of Reimbursement Requested from Kentucky USF.....	_____

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official Selena Napier (Printed)	Title Accountant	Company Official <i>Selena Napier</i> (Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 14, 2016

Reporting Month May 2016

Carrier Information	
Company Name	T.V. Service, Inc.
Company Address	P.O. Box 1410 Hindman, Ky. 41822
Telephone : Fax	(606) 785-2219 (P) (606) 785-9224 (F)
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	134
2. Surcharge Per Access Line.....	\$0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	\$18.76
4. Number of Access Lines Receiving Lifeline Support.....	
5. Amount of Reimbursement Requested from Kentucky USF.....	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official Selena Napier (Printed)	Title Accountant	Company Official <i>Selena Napier</i> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

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Frankfort, KY 40601

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 14, 2016

Reporting Month June 2016

Carrier Information	
Company Name	T.V. Service, Inc.
Company Address	P.O. Box 1410 Hindman, Ky. 41822
Telephone Fax	(606) 785-2219 (P) (606) 785-9224 (F)
Vendor Number	

Classification				
Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>130</u>
2. Surcharge Per Access Line.....	<u>\$0.14</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$18.42</u>
4. Number of Access Lines Receiving Lifeline Support.....	_____
5. Amount of Reimbursement Requested from Kentucky USF.....	_____

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official Selena Napier (Printed)	Title Accountant	Company Official <i>Selena Napier</i> (Signed)

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